

NOV 05 2004

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**FAX COVER SHEET**

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**Date:** November 4, 2004  
**Fax:** (703) 872-9306  
**To:** U.S. Patent and Trademark Office  
**From:** David J. McKenzie  
**Re:** 09/689,488

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**Number of Pages including cover:** 4

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703-872-9306, on November 4, 2004.

*Jared M. Zeller*  
Attoomey for Applicant

**PATENT**

Client No. SJ00-00-044

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kevin F. Smith

Serial No.: 09/689,488

Group Art  
Unit: 2186

Filed: 10/12/2000

For: PRESCHEDULING SEQUENTIAL DATA  
PREFETCHES IN A PREEXISTING LRU CACHE

Examiner: Zhuo H. Li

**SUBMISSION OF FEES**

Honorable Commissioner of  
Patents and Trademarks  
Alexandria, VA 22313-1450

Dear Sir:

Applicant respectfully submits the attached fees for the above reference patent application, and requests that this case be promptly released for examination by Examiner Li. In the event any questions or concerns remain, the Examiner is respectfully requested to initiate a telephone conference with the undersigned.

Respectfully submitted,



David J. McKenzie  
Reg. No. 46,919  
Attorney for Applicant

Date: November 4, 2004

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PTO/SB/05 (12/07)  
Approved for use through 9/30/05. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL**

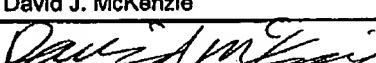
Note: Effective October 1, 2004.  
Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT**

\$778

| <i>Complete If Known</i> |                  |
|--------------------------|------------------|
| Application Number       | 09/689,488       |
| Filing Date              | October 12, 2004 |
| First Named Inventor     | Kevin F. Smith   |
| Group Art Unit           | 2188             |
| Examiner Name            | Zhuo H. Li       |
| Attorney Docket Number   | SJ00-00-044      |

| <b>METHOD OF PAYMENT (check one)</b>   |          | <b>FEES CALCULATION (continued)</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
|--|----------|--|----------|--|----------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----------------|----------|------|----|-------------------------------------|---|------------------------|----|------|----|--|----|-----------------------------------|-----|------|-----|---------------------------|-----|--------------------------|------|------|------|--|----|---|------|------|------|--|---|---|-------|------|-------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|-----|------|-----|------|-----|--|--|------|------|------|-----|---|--|------|------|------|------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|------|------|------|---|--|------|-----|------|----|---------------------------------|--|------|------|------|-----|------------------------------------|--|------|------|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: <u>09-0466</u>   |          | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>85</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2520</td> <td>1812</td> <td>2520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1840*</td> <td>1805</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>430</td> <td>2252</td> <td>215</td> <td>Extension for reply within second month</td> <td>320</td> </tr> <tr> <td>1253</td> <td>980</td> <td>2253</td> <td>490</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1530</td> <td>2254</td> <td>765</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2080</td> <td>2255</td> <td>1040</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>340</td> <td>2401</td> <td>170</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>340</td> <td>2402</td> <td>170</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>300</td> <td>2403</td> <td>180</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1510</td> <td>1451</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive -unavoidably</td> <td></td> </tr> <tr> <td>1453</td> <td>1370</td> <td>2453</td> <td>685</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1370</td> <td>2501</td> <td>685</td> <td>Utility issue fee</td> <td></td> </tr> <tr> <td>1602</td> <td>480</td> <td>2602</td> <td>245</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>680</td> <td>2603</td> <td>330</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1607</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1808</td> <td>180</td> <td>1808</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (list item number of properties)</td> <td></td> </tr> <tr> <td>1801</td> <td>780</td> <td>2801</td> <td>395</td> <td>Request for continued examination (RCE) (37 CFR 1.114)</td> <td></td> </tr> <tr> <td>1810</td> <td>780</td> <td>2810</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.128(e))</td> <td></td> </tr> <tr> <td>1810</td> <td>780</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> </tbody> </table> |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051            | 130      | 2051 | 85 | Surcharge - late filing fee or oath |   | 1052                   | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |    | 1053                              | 130 | 1053 | 130 | Non-English specification |     | 1812                     | 2520 | 1812 | 2520 | For filing a request for reexamination |    | 1804  | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |   | 1805  | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 430 | 2252 | 215 | Extension for reply within second month | 320 | 1253 | 980 | 2253 | 490 | Extension for reply within third month |  | 1254 | 1530 | 2254 | 765 | Extension for reply within fourth month |  | 1255 | 2080 | 2255 | 1040 | Extension for reply within fifth month |  | 1401 | 340 | 2401 | 170 | Notice of Appeal |  | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal |  | 1403 | 300 | 2403 | 180 | Request for oral hearing |  | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive -unavoidably |  | 1453 | 1370 | 2453 | 685 | Petition to revive - unintentional |  | 1501 | 1370 | 2501 | 685 | Utility issue fee |  | 1602 | 480 | 2602 | 245 | Design issue fee |  | 1503 | 680 | 2603 | 330 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1607 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (list item number of properties) |  | 1801 | 780 | 2801 | 395 | Request for continued examination (RCE) (37 CFR 1.114) |  | 1810 | 780 | 2810 | 395 | Filing a submission after final rejection (37 CFR 1.128(e)) |  | 1810 | 780 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  |
| Large Entity   |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1051   | 130      | 2051   | 85       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1052   | 50       | 2052   | 25       | Surcharge - late provisional filing fee or cover sheet                         |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1053   | 130      | 1053   | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1812   | 2520     | 1812   | 2520     | For filing a request for reexamination   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1804   | 920*     | 1804   | 920*     | Requesting publication of SIR prior to Examiner action                         |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1805   | 1840*    | 1805   | 1840*    | Requesting publication of SIR after Examiner action                            |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1251   | 110      | 2251   | 55       | Extension for reply within first month   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1252   | 430      | 2252   | 215      | Extension for reply within second month  | 320      |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1253   | 980      | 2253   | 490      | Extension for reply within third month   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1254   | 1530     | 2254   | 765      | Extension for reply within fourth month  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1255   | 2080     | 2255   | 1040     | Extension for reply within fifth month   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1401   | 340      | 2401   | 170      | Notice of Appeal   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1402   | 340      | 2402   | 170      | Filing a brief in support of an appeal   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1403   | 300      | 2403   | 180      | Request for oral hearing   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1451   | 1510     | 1451   | 1510     | Petition to institute a public use proceeding                                  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1452   | 110      | 2452   | 55       | Petition to revive -unavoidably  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1453   | 1370     | 2453   | 685      | Petition to revive - unintentional   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1501   | 1370     | 2501   | 685      | Utility issue fee  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1602   | 480      | 2602   | 245      | Design issue fee   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1503   | 680      | 2603   | 330      | Plant issue fee  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1460   | 130      | 1460   | 130      | Petitions to the Commissioner  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1607   | 50       | 1807   | 50       | Petitions related to provisional applications                                  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1808   | 180      | 1808   | 180      | Submission of Information Disclosure Stmt                                      |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 8021   | 40       | 8021   | 40       | Recording each patent assignment per property (list item number of properties) |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1801   | 780      | 2801   | 395      | Request for continued examination (RCE) (37 CFR 1.114)                         |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1810   | 780      | 2810   | 395      | Filing a submission after final rejection (37 CFR 1.128(e))                    |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1810   | 780      | 2810   | 395      | For each additional invention to be examined (37 CFR 1.129(b))                 |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 2. <input type="checkbox"/> Payment Enclosed:<br><br><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| <b>FEES CALCULATION</b>  |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| <b>1. FILING FEE</b>   |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Large Entity   |          | Small Entity   |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1001   | 790      | 2001   | 395      | Utility filing fee   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1002   | 350      | 2002   | 175      | Design filing fee  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1003   | 550      | 2003   | 275      | Plant filing fee   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1004   | 790      | 2004   | 395      | Reissue filing fee   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1005   | 160      | 2005   | 80       | Provisional filing fee   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| <b>SUBTOTAL (1)</b>  |          |  |          | <b>\$ 0</b>  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| <b>2. CLAIMS</b>   |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Total Claims   | -20 =    | 1  | x        | 18   | = 18     |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Ind. Claims  | 7 - 3 =  | 5  | x        | 88   | = 440    |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Multiple Dep. Claims   |          | 0  | x        | 300  | = 0      |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>68</td> <td>2201</td> <td>44</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>160</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>1204</td> <td>68</td> <td>2204</td> <td>44</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> |          |  |          |  |          | Large Entity |  | Small Entity |  |                 |          | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1202 | 18 | 2202                                | 9 | Claims in excess of 20 |    | 1201 | 68 | 2201   | 44 | Independent claims in excess of 3 |     | 1203 | 300 | 2203                      | 160 | Multiple dependent claim |      | 1204 | 68   | 2204                                   | 44 | Reissue independent claims over original patent |      | 1205 | 18   | 2205   | 9 | Reissue claims in excess of 20 and over original patent |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Large Entity   |          | Small Entity   |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1202   | 18       | 2202   | 9        | Claims in excess of 20   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1201   | 68       | 2201   | 44       | Independent claims in excess of 3  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1203   | 300      | 2203   | 160      | Multiple dependent claim   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1204   | 68       | 2204   | 44       | Reissue independent claims over original patent                                |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| 1205   | 18       | 2205   | 9        | Reissue claims in excess of 20 and over original patent                        |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| <b>SUBTOTAL (2)</b>  |          |  |          | <b>458</b>   |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| *Reduced by Basic Filing Fee   |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |
| <b>SUBTOTAL (3)</b> \$ 320   |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |                 |          |      |    |                                     |   |                        |    |      |    |  |    |                                   |     |      |     |                           |     |                          |      |      |      |  |    |   |      |      |      |  |   |   |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                 |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |  |  |

| <b>SUBMITTED BY</b>   |   |      | <b>Complete (if applicable)</b> |                         |
|-----------------------|---|------|---------------------------------|-------------------------|
| Typed or Printed Name | David J. McKenzie   |      | Reg. Number                     | 46,919                  |
| Signature             |  | Date | Nov 4, 2004                     | Deposit Account User ID |

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